

# BIPAI

Baylor International  
Paediatric AIDS Initiative

*Mbabane, Swaziland*

**2013-2014 Annual Report**



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## **Letter from the Director**

Baylor-Swaziland operates in three centres, namely, the main Centre of Excellence in Mbabane, and two satellite clinics in Manzini and Hlathikulu. Services offered include HIV testing and counselling, psychosocial support, family centred care and treatment, tuberculosis (TB) screening and treatment, integrated women's services, and child welfare services. By the end of the financial year our active patient caseload stood at 5,011 patients. This is the first time we have reached the 5,000 caseload mark.

Comprehensive services for HIV-infected women comprise antenatal care, prevention of mother-to-child transmission, family planning and cervical cancer screening. Furthermore, the social work department in conjunction with the in-reach program provides intensified psychosocial support. The challenge clinic, an initiative headed by the adherence committee, was established this year to address children, adolescents and pregnant or lactating women with major ART adherence problems.

The Butimba project which aims at increasing case detection and improve diagnosis of tuberculosis in children continued during the period. Baylor-Swaziland was also awarded a second TB grant in June 2013, by the Texas Children Grant, to support the TCH Global TB Initiative Pilot Program. As a part of the grant, we started the construction of a national referral paediatric TB clinic, which will be functional by September 2014. This clinic will offer a one-day stop approach to diagnose paediatric TB for all children in Swaziland.

The year 2013-2014 has been stable in terms of staff turnover and financial flow. Personnel attrition remained below 10% as only 6 out of 67 staff members left the organisation during the year. This is the year where we also saw change in leadership as we bid farewell to Dr. Hailu Sarero who led the COE to its current state of financial health. We thank Dr. Sarero for his dedication and hard work at the helm of our organization and now welcome Makhosazana Hlatshwayo as our new executive director.

May I express my sincere gratitude to the following partners which we have built and maintained partnerships with: Ministry of Health (SNAP and SRH departments), NERCHA, UNICEF, SBCCA, Young Heroes, Rocking Horse, RFMH, GSH, ICAP, MSF, EGPAF, BMSF, CHAI, Claypotts, Hope House, World Vision Swaziland, Peace Corps Swaziland, UNISWA, Save the Children, CANGO, Kings Volunteers, Champions for Life, Serious fun among others. May I also express my appreciation to the hard working team at the Centre which is behind all the success of the organization.

**Dr Mogomotsi Matshaba**  
**Interim Executive Director**

## **About BIPAI Swaziland**

Baylor College of Medicine Children's Foundation - Swaziland (BCMCF-SD), known as Baylor Swaziland, is a not-for-profit child health and development organization based at the Baylor College of Medicine - Bristol Myers-Squibb Children's Clinical Centre of Excellence-Swaziland. Our mandate is to provide child-focused and family-centred HIV/AIDS prevention and treatment services; tuberculosis screening, control and treatment; and treatment for other concurrent diseases. We also offer mother and child health services; health professional trainings and clinical research. Baylor-Swaziland is the national leader in paediatric HIV and AIDS and TB care and treatment in the country, caring for almost half of all children on antiretroviral therapy (ART) in Swaziland.

Baylor-Swaziland is affiliated with Baylor College of Medicine and Texas Children's Hospital in Houston, Texas, U.S.A. Operating as a public-private partnership between Baylor College of Medicine International Paediatric AIDS Initiative (BIPAI) and the Ministry of Health of the Kingdom of Swaziland, the Centre was founded in 2005 and officially opened by His Majesty King Mswati III on February 24, 2006.

## **Our Vision**

A healthy and fulfilled life for every child and their family

## **Our Mission**

To provide high-quality family-centred paediatric and adolescent health care, education and clinical research in Swaziland.

## **Overview**

The annual report provides information on the achievements of Baylor Swaziland during the financial year July 2013 - June 2014. The report describes achievements in our core indicators and targets. It also presents progress in general service provision and the organisation's best practices.

Progress is outlined according to five (5) thematic areas which BIPAI operates under; namely, operational excellence, effective partnership, financial health, organizational and employee development, and physical infrastructure. The report is important because it demonstrates progress made towards access to clinic services, allows the organisation to monitor trends and identify challenges and areas that require greater attention, and the achievement of targets set.

## Operational Highlights

### Comprehensive Services for HIV-Infected Women and Children

Baylor Swaziland offers comprehensive healthcare services to HIV-infected children and their families. These services include care and treatment for HIV-infected and HIV-exposed children, adolescents and caregivers, and treatment of common associated conditions such as TB and malnutrition.

Improving the quality of HIV and AIDS care and treatment offered to mothers through integrating comprehensive health services is one strategy to combat the spread of HIV in their children. That is why Baylor Swaziland also offers pregnant women high-quality antenatal care and PMTCT (prevention of mother-to-child) services, counselling on family planning and contraception use, and cervical cancer screening. In fact, Baylor Swaziland was the first centre in the BIPAI network to offer comprehensive women's health services, a tactic that has been adopted as a best practice by other countries.

### ANC and PMTCT services

Baylor-Swaziland provides PMTCT services within its maternal and child health services. HIV testing is integrated within antenatal (ANC) services and the centre implements Option A of the WHO guidelines. Option A comprises:

- Earlier initiation of antiretroviral therapy (ART) for pregnant women living with HIV to benefit both the health of the mother and prevent HIV transmission to her child;
- Longer antiretroviral (ARV) prophylaxis for those women who are not yet eligible for ART; and,
- Provision of nevirapin (NVP) for the HIV-exposed infant to reduce the risk of HIV transmission during the breastfeeding period.

The clinic's performance in HIV testing for pregnant women was outstanding as all women were offered the test and received results. Quality service provision was also demonstrated as all women had their CD4 recorded and all eligible women were initiated on prophylaxis, and if indicated, on treatment. We identified a weakness, however that some pregnant women presenting late (after their 14<sup>th</sup> week of gestation) were not receiving ANC interventions early enough. To improve on this, the intervention of the Ministry of Health's Sexual and Reproductive Health program will be sought as this calls for introduction of behavioural change interventions targeted to all women of child bearing age in the country as a whole.

While Swaziland as a country is currently implementing the Option A PMTCT regimen, WHO has called on countries to assess the potential for adopting Option B+, whereby all pregnant women living with HIV are initiated on ART. Pilot studies



for this option are still underway by the International Centre for AIDS Care and Treatment Programs (ICAP) and Medicines San Frontiers (MSF) in the country.

### ***Family Planning***

Preventing unintended pregnancies among women living with HIV is one of the four prongs of comprehensive PMTCT. To that end, Baylor Swaziland offers family planning interventions through condom distribution and provision of hormonal contraception to all eligible women. The country through the Sexual Reproductive Health Program continues to explore other available family planning methods in the market. This would enable women and their partners to have a wide range of options to choose from and of course suitability to their health is considered.

During the year, we recorded an increasing number of condoms distributed, from 4,420 in the first quarter to 6,447 in the fourth quarter. We believe this to be an indication that condom use is on the rise. However, further investigation may be needed to substantiate this, as condom distribution may not accurately reflect condom use.

The number of people accessing one of the other contraceptive methods we offer also expanded substantially. This has been especially true for adolescents of age 16-19 years as the country strives to curb teenage pregnancies. A total of 993 women accessed one of the contraceptive methods during the year with 3% being adolescents 16-19 years old.

### ***Cervical Cancer Screening***

In developing countries, cervical cancer is the leading female malignancy, but studies have shown that cervical screening is rare amongst these countries. Baylor Swaziland seeks to reverse that fact by offering this life-saving test to clients. In 2013-2014, 869 pap smears were performed, but lengthy turn-around in test results done off-site has been a challenge.

The positive news is that only four high-grade lesions were identified throughout the year.

Our COE is part of the National Cervical Cancer taskforce where our staff contributes to the development of a national cervical cancer project. In the coming year, we anticipate that our main COE in Mbabane site will become one of the national cervical cancer screening sites soon to start providing the "See and Treat" approach. We are considering a visual inspection acetic-acid to try and address the turn-around time for cytology results.

### ***Child Health Care Services***

Integrating routine child healthcare services into HIV/AIDS care and treatment is a core mandate for Baylor Swaziland. Patients are vaccinated against both

communicable and non-communicable diseases, including TB, diphtheria, pertussis, tetanus, hepatitis B, polio and measles. They are also screened for TB and other diseases often associated with a compromised immune system. Children also receive vitamin A supplements, deworming tablets, and RUTF (“Plumpy Nut”), and food supplements provided by the United Nation’s World Food Program’s Food-by-Prescription project.

To date, the cumulative number of children ever immunized in the centre was 2,536, showing an average percentage increase of 1% per quarter. Six (6) children were admitted to hospital for malnutrition during the year and approximately 400 patients received RUTF to treat malnutrition.

Another initiative provided by Baylor Swaziland is the Sunshine Club. Sunshine Club is held every Monday to Thursdays mornings from 9a.m. until 11a.m. While waiting to be seen by a clinician, preadolescent children are given the opportunity to engage in variety of activities, such as playing games, colouring and drawing.

These activities provide an important opportunity for a Baylor-Swaziland social work staff and volunteers to interpret what has been coloured as sometimes children communicate important issues through art work, such as abuse. A total of 41 Sunshine Club activities were conducted with 11 to 19 children participating at each session.

### **HIV Testing and Prevention**

HIV testing and counselling is integral to HIV prevention, treatment and care efforts. Early knowledge of HIV status is also important for linking those with HIV to medical care early and those with HIV-negative results to prevention services. Testing, prevention and counselling all can reduce morbidity and mortality and improve quality of life.

The Baylor Swaziland clinics continue to provide HIV testing and counselling to all clients attending the clinic. During the year, 1,097 people tested HIV positive at all three Baylor clinics, with an even distribution per quarter.

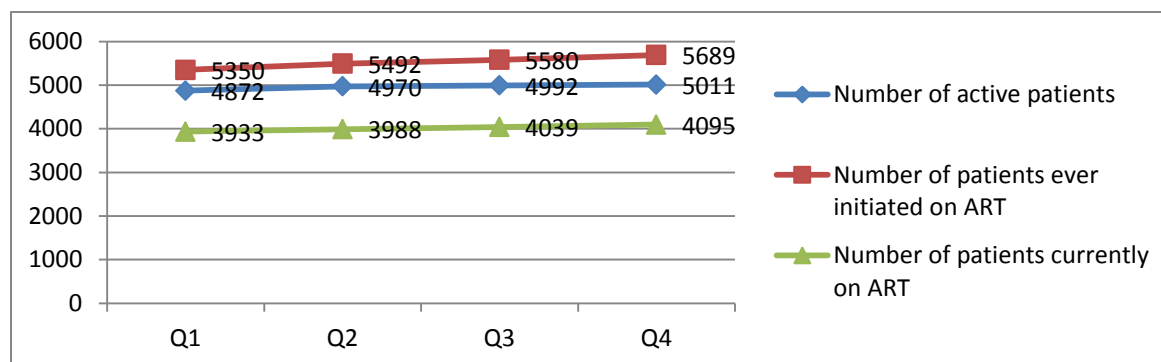
### **Care and Treatment**

Baylor-Swaziland adopts a comprehensive approach to the management of HIV. This requires a broad range of services that include not only diagnosis and treatment for children but also supportive and complementary services to the whole family to ensure that skills to cope with a chronic lifelong illness, adequate nutrition, and support for daily living are available. This is in line with the country’s Comprehensive HIV Package of Care (POC) guidelines which emphasizes a holistic management of PLHIV.

## Patient Enrolment

The total number of patients ever enrolled in care and treatment services was 23,675 by the end of the year. Among those HIV positive, 5,689 were initiated on ART. Active enrolment, on the other hand, stood at 5,011 by the end of the year, of which 4,095(82%) are on antiretroviral therapy.

### Patient Enrolment



## Clinical outcomes for enrolled patients

Baylor Swaziland seeks to improve the health outcomes of the patients in its care. In addition to clinical operations, the team conducts routine home visits to patients and emergency home visits for patients in crisis.

Our basic clinical indicators for patients enrolled in care were positive in general. The percentage of people who had a CD4 change of 50, or 5% (efficacy at six months post ART initiation) remained above 70%. Adherence to ARV treatment remained above the 80% target for most of the year, and also above the national average adherence which is 76%. Most children with abnormal nutritional status improved, indicating the positive effects of ART. Mortality rate of patients on ART on the other hand remained below 1% all year, which is a desirable outcome, and contributes positively to the national target which aims at less than 5% mortality on ART.

### Clinical Outcomes, July 2013 – June 2014

Indicator	Q1	Q2	Q3	Q4
Efficacy at 6 months post ART initiation	75.50%	75.10%	76.00%	77.3%
Proportion of patients with ARV average adherence > 95% and < 105%	90.10%	89.20%	72.10%	87.60%
% of children on ART with nutritional status not normal, improved	85.40%	78.10%	97.90%	96.90%
Mortality on ART, annualized	0.90%	0.60%	0.50%	0.70%
Mortality on ART, death/100 patient-years	2.20%	2.20%	2.10%	2.10%
Mortality not on ART	0.90%	0.40%	0.70%	0.60%



## Adolescent Care

In 2010 Baylor Swaziland established adolescent support groups, known as Teen Clubs, to empower HIV-positive adolescents to live positively and to successfully transition into adulthood. Teen Clubs provide fun educational activities focusing on life skills, healthy relationships and building confidence. These forums allow teenagers to learn to constructively express themselves and discuss issues regarding their health without fear of stigmatisation.

Teen Clubs are generally held on Saturdays with a morning snack and lunch provided. To encourage participation, transportation funds are provided for those who need it. Hundreds of teens participate each month at all four clinic locations.

Over the year Teen Club sessions have been conducted to provide psychosocial support to children and adolescents through teen support services. Adolescent patients from other clinics are also invited to join Baylor Teen Clubs if their home clinic does not have an adolescent support group. Out of 314 new teens who joined our support group sessions, 277 (72%) were Baylor Swaziland patients. A total of 685 active teens were registered in Teen Club by the end of the year, of which 83% receive routine HIV care at Baylor Swaziland.

Baylor Swaziland also builds teen leadership capacity to support knowledge growth and leadership. This is done through semi-annual teen leadership training and encouraging peer leadership at Teen Club activities. By the end of the year, 91 teens were trained in leadership skills and 178 teens helped facilitate lessons during monthly Teen Club meetings. Some of these, however, are duplicate teens that help at more than one Teen Club.



Teen club session

### ***Camp Sivivane***

Adolescent support is also provided through the semi-annual Camp Sivivane sessions, which occur during school holidays (April - May and August- September). Camp Sivivane is collaboration between Young Heroes, the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) and Baylor Swaziland to provide a fun, educational camp session for adolescents aged 10 – 16 years old who are living with HIV. Each camp week lasts five days and four nights.

A special emphasis is placed on recruiting adolescents who struggle with self-stigmatization and drug fatigue. Baylor Swaziland provides medical and psychosocial support to Camp Sivivane through providing a member of Baylor's social work department, nursing staff, and physician staff to participate in camp. In addition, Baylor-Swaziland also provides all needed medical supplies and care and the venue for all camp check-in. During this year, 87 campers attended the first session of Camp Sivivane, with 51 campers attending the second and last session of the year.

### **Psychosocial Support**

#### ***Adherence Counselling***

General adherence counselling is provided to patients with poor adherence to their HIV and TB medications. Adherence to ARVs is crucial to treatment success because non adherence (taking <95% or >105% of ARVs prescribed) increases the risk of viral resistance to available medications.

Interruptions in adherence contribute not only to individual treatment failure, but also to the dissemination of resistant viral strains. Patients identified as having poor adherence during the pill counting process are referred to the social work department. Our social workers help identify each individual's barriers to treatment, provide intensive counselling about the importance of good adherence, and develop a plan to improve future adherence. Patients referred for adherence counselling receive more intensive follow-up on subsequent appointment, and possibly home visits to help identify challenges and solutions.

#### ***Challenge Clinic***

In March 2014 a new psychosocial support program called Challenge Clinic was initiated. This initiative is headed by the Adherence Committee and takes a multidisciplinary approach to addressing children, adolescents and pregnant or lactating women with major ART adherence problems. Once referred to Challenge Clinic, these patients always see the same doctor and social worker together. This forms a stronger treatment team and brings both the medical and psychosocial aspects of care and treatment into focus. The goal is to provide a more coordinated and consistent treatment plan where the patient and caregivers feel comfortable

expressing fears, frustrations and questions. As of mid-August 2014 a total of 58 patients had been enrolled into Challenge Clinic.

### ***Adult Income Generation and Support***

Poverty remains a major challenge for all patients needing chronic care in Swaziland. Due to TB/HIV prevalence and the economic situation, a large percentage of children attending Baylor Swaziland clinics are orphans who reside with their unemployed grandparents in homesteads with many other children. The lack of a sustainable source of income for these families results in HIV-positive clients missing scheduled appointments, defaulting from care and attending late when they are sick. It is in this backdrop that the need for an income-generating project was envisioned.

In 2006, an adult support group was established in order to empower the caregivers of Baylor paediatric patients. The support group offers coping tools to assist their children, and psychological, spiritual and economic support for the caregivers. This year the caregivers focused on creating some sustainable income-generating activities. There are currently 60 registered members and 25 regular attendees, who produce homemade fabric softener.

The project was started with private donations and it generated small profits during the year. This money is earmarked for future projects and serves as an emergency fund that offers loans to members.

In future, the group plans to develop a microcredit program that will offer technical and economic support to members who wish to build other small income generating projects. Other programs being earmarked for future implementation include a gardening project, poultry farming and tailoring.

### ***Allied Services***

Improving health system infrastructure is imperative to attain improved health outcomes in Swaziland. Some of the issues that require our special involvement include establishing laboratory capacity, mechanisms to control drug supply and quality. As described below, efforts to ensure success in these areas were met with different degrees of success during the report year.

### ***Laboratory Services***

Functional capability of the Baylor Swaziland laboratory has maintained its high standards during the year. The laboratory is equipped with chemistry, haematology and CD4 machines, and has capacity to run some serology and parasitology tests.

Other samples are sent to the National Referral Laboratory (NRL) for processing such as culture samples for TB, DBS for DNA, PCR and viral load tests. The centre

used to receive samples from outreach sites, but this has since stopped due to scale-up of laboratory services in the country.

Baylor Swaziland has continued strengthening and monitoring the laboratory activities as a measure to carry out its quality assurance requirement. The centre's laboratory is enrolled with the National Health Laboratory Services (NHLS) which provides external quality assurance in tests for both HIV and TB diagnosis.



Laboratory section of the clinic

### ***Drug Supply and Management***

The need for an uninterrupted supply of ARVs is a prerequisite for the success of our clinics. To meet the growing demand, supply chains were strengthened countrywide during the year by our supply chain technical working group. This government group has overall responsibility for forecasting and overseeing supply chain activities for ARVs in the country. There has been a marked improvement in the monitoring of ARV drug supply and forecasting at the central level, resulting in adequate and reliable supply of ARVs in the clinic. There are still challenges though with other pharmacy commodities and drugs as there is persistent stock-out.

## Tuberculosis Screening, Control and Treatment

Baylor-Swaziland takes a leadership role in improving paediatric TB care by integrating TB and HIV services. A massive expansion of our TB program was realised this past year, facilitated by new funding for additional TB projects as outlined:

**TB reach grant:** The main objective of the TB reach grant is to increase TB case detection through contact tracing while improving paediatric TB management. In Swaziland, seven health facilities participated in this project; three Baylor sites and four Ministry of Health facilities.

As part of the project, all family members of patients starting TB treatment are screened for TB, and those with a positive result are invited to produce sputum for testing. For patients with more limited resources, home visits were conducted to collect sputum and screen for TB. Each site has been supported with mentoring visits by a doctor, to improve paediatric specimen collection and to develop comprehensive paediatric TB clinics in each facility. X-rays are done free of charge for those families with financial constraints to facilitate the TB screening.

The results after the first year have been very encouraging.

### TB Reach Project Performance

Indicator	Children	Adults
Patients Screened for TB	2,783	3,306
Patients with TB Symptoms	1,078	1,413
Patients Tested for TB	743	1,209
Patients with Confirmed TB	19	80
Patients Diagnosed with TB	96	155

**Texas Children's grant:** In June 2013, Baylor Swaziland was awarded a second TB grant to support a pilot project for the Texas Children's Global TB Initiative. The objective was to enhance diagnostic capacity and enrich laboratory support thus developing a Baylor Swaziland TB Centre of Excellence. As a part of the grant, we started the construction of a national referral paediatric TB clinic on the grounds of the COE, which will be functional by September 2014. This clinic will offer a one-day stop approach to diagnose paediatric TB for all children in Swaziland free of charge.





Construction of the new national referral paediatric TB clinic

### ***Isoniazid Preventive Therapy (IPT)***

In order to decrease the rate of TB infection, Baylor Swaziland offers comprehensive isoniazid preventive therapy (IPT) services to all eligible HIV positive clients. Efforts have also been made to increase IPT treatment to all TB contacts that are less than 5 years old, regardless of their HIV status.

A total of 397 people were initiated on IPT. Sixty seven (67) defaulters were recorded during the first quarter of the year. This prompted programmatic changes, which resulted in fewer people defaulting in subsequent periods. It is also worth noting that there were 15 IPT failures, i.e. people who developed active TB whilst on IPT. Adherence on INH still remains a challenge as the percentage of people showing good adherence to IPT is below the 80% target.

### ***Intensive TB Case Finding and Treatment Services***

In an attempt to increase detection rates, Baylor Swaziland implemented intensive TB case finding for any patient attending the clinic. This yielded positive results and facilitated early detection of the TB disease, reducing the risk of infection for other patients attending the clinic.

The success of this initiative has been possible through the introduction of geneXpert technology (as part of the TB reach grant). This technology has managed to reduce the time of diagnosis from 3.55 days (when sample testing is done off-site) to 1.18 days. For many patients, the results are given on the same day, also reducing the time for treatment initiation. The experience learned during



this year will help to tailor national policies that will improve access to TB treatment for all children in Swaziland.

Almost all HIV+ clients have been screened for TB starting from a low 91% during the first quarter to 99% by the end of the year. During the same period 42 people were on TB treatment with only 1 defaulter and 1 discontinued case which is a positive note. Only one person was diagnosed with multi-drug resistant TB (MDR-TB) during the year, bringing the cumulative number of those who were diagnosed with MDR-TB to 38. Adherence to TB medication is satisfactory as over 80% of people on it had good adherence.

### TB Treatment Services

Indicator	Q1	Q2	Q3	Q4
% of HIV+ clients out of total screened for TB in the period	91.1%	92.20%	100%	99%
Total # of persons currently taking TB treatment	48	26	49	42
# of persons defaulted TB treatment in the period	0	0	1	0
# of persons discontinued on TB treatment in the period	0	0	1	0
# of ATT failures (developed active MDR-TB)	0	1	0	0
% Patients with 95-105% ad on TB meds	89.3%	88.6%	81.3%	88.2%



TB Outreach Activities

## Education

Capacity building of local clinicians to provide high quality care and treatment to HIV and AIDS patients is one focal area for Baylor – Swaziland. This is done to support the Ministry of Health as it strives to increase awareness of paediatric matters. Through continuous didactic training and clinical mentorship Baylor-Swaziland has managed to train 1,382 health care workers and mentored 226 health professionals during the past year. Mentorship are done in such a way that health care professionals, i.e. doctors and nurses working in Ministry of Health facilities, are selected from relevant paediatric services to shadow Baylor staff and learn from our experience. MSF has sent attachments as well.



TB training

## Research and Publications

Baylor Swaziland conducts research in paediatric HIV/AIDS care and treatment to increase technical and infrastructure capacity for clinical and program development. In a particularly busy year, our staff launched a new research office and developed standard operating procedures for research, as well as reconstituted an Institutional Review Board to streamline all research projects. An audit of all studies also commenced.

The journal *AIDS* published one of our studies concerning the increased pregnancy rates among women on EFV (the Jadelle implant) when using that method of family

planning. (*AIDS. 2014 Mar 13;28(5):791-3. Implementing the Jadelle implant for women living with HIV in a resource-limited setting: concerns for drug interactions leading to unintended pregnancies. Perry SH1, Swamy P, Preidis GA, Mwanyumba A, Motsa N, Sarero HN.*

Ongoing studies include:

- Comparison of adherence to ART amongst adolescent patients before and after attendance at recreational therapy camps.
- Barriers to ART initiation in children less than 2 years old. Conducted in partnership with the Ministry of Health.

In addition, multiple studies are currently undergoing IRB approval. These are:

- The immunologic effects of helminthic infection on tuberculosis and HIV specific immunity and progression. Conducted in collaboration Baylor College of Medicine in Houston, Texas, U.S.A.
- Assessment of the knowledge, attitudes and behaviours of primary caregivers of children and adolescents to isoniazid preventative therapy.
- Operational evaluation of the intensified TB case-finding intervention program.

The following abstracts were presented to the 16<sup>th</sup> BIPAI network meeting held in June 2014 in Johannesburg.

- Swaziland Adult Income-Generating Project
- Challenge Clinic: Next Phase in HIV Care in Swaziland
- Nurse-Led TB/HIV Clinic
- The Rocking Horse Project

## **Financial Health**

Ensuring adequate and diversified income supports our organization's growth, stability and sustainability. Our financial health is ensured by adhering to standardised BIPAI financial reporting and auditing systems.

During the year, Baylor-Swaziland developed proposals to secure additional funds to eliminate any deficit. To date, three out of four funding proposals were successful and are currently utilised. These include the Butimba project grant under TB Reach, ICAP and UNICEF. Ongoing activities include preparing and submitting monthly or quarterly financial statements to BIPAI-Houston and the Swaziland Ministry of Health.



## **Optimising Employee Performance**

To ensure optimal organizational and team performance, Baylor Swaziland conducted periodic orientation of conditions of service to new and old staff. In addition, team building/staff retreats were held in order to improve staff morale and three educational sessions were conducted. Monthly management meetings were held where pertinent issues of organisational development were discussed.

## **Physical infrastructure**

Baylor Swaziland's facilities maintenance program plays an important role in helping ensure that all of our buildings are operating to optimal standards. This allows our staff to work effectively so that the best quality care is provided to patients.

Our major project this year has been the construction of our new national referral paediatric TB clinic. This referral centre is located on the grounds of the COE so that patients may easily access all of the services they may need. Construction is progressing according to plan and is set to open on time by September 2014.

Our facilities' staff was able to complete almost all work orders on time, even while managing construction of the new TB centre.



Mbabane COE

## **Effective Partnership**

Baylor-Swaziland strives to provide unsurpassed quality and mutually beneficial services to all its stakeholders. We do this through close collaboration, professional networking and participating in national HIV and AIDS forums provided by the government and other NGOs. We currently maintain 24 partnerships with organization that provide HIV, AIDS and related services

Baylor Swaziland also continues to act as a lead partner in helping the government set paediatric healthcare standards through meetings and workshops on paediatric topics.

Baylor-Swaziland also successfully revised its plans, policies and priorities this year to ensure alignment with its primary partners. This was done in a semi-annual review meeting held in August 2013 with ICAP and UNICEF.

# Audited Financial Statement

## REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF THE BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION SWAZILAND

### Audit opinion

In our opinion, the financial statements fairly present, in all material respects, the financial position of the company at 30 June 2014 and of its financial performance and its cash flows for the year then ended on the basis of accounting policies described in note 1.

### Supplementary schedules

The supplementary schedules shown on pages 23 to 24 are not audited and therefore we do not express an opinion thereon.

Chartered Accountants (Swaziland)  
Auditors  
2 September 2014

## THE BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION SWAZILAND

### STATEMENT OF COMPREHENSIVE INCOME for the year ended 30 June 2014

	2014		2013	
	E	\$	E	\$
<b>INCOME</b>	14 650 169	1 420 967	14 404 421	1 579 432
<b>DIRECT EXPENDITURE ON SERVICES</b>	(5 054 472)	(490 249)	(5 137 659)	(563 340)
	<hr/>	<hr/>	<hr/>	<hr/>
	9 595 697	930 718	9 266 762	1 016 092
Other income	914 839	88 732	624 885	68 516
	<hr/>	<hr/>	<hr/>	<hr/>
	10 510 536	1 019 450	9 891 647	1 084 608
<b>ADMINISTRATION COSTS</b>	(7 857 083)	(762 082)	(5 827 183)	(638 943)
	<hr/>	<hr/>	<hr/>	<hr/>
<b>SURPLUS FOR THE YEAR</b>	<u>2 653 453</u>	<u>257 368</u>	<u>4 064 464</u>	<u>445 665</u>



## Glossary

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCMCF-SD	Baylor College of Medicine Children's Foundation-Swaziland
BIPAI	Baylor College of Medicine International Pediatric AIDS Initiative
BCM	Baylor College Medicine
BMS	Bristol-Myers Squibb Foundation
COE	Children's Clinical Centre of Excellence
DBS	Dried Blood Spot
DNA	Deoxyribonucleic Acid
EGPAF	Elizabeth Glaser Paediatric AIDS Initiative
EMR	Electronic Medical Record
GFATM	Global Fund for AIDS, TB, and Malaria
HAART	Highly Active Antiretroviral Therapy
HCW	Healthcare Worker
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
ICAP	International Centre for AIDS Care and Treatment Programs
MGH	Mbabane Government Hospital
MoH	Ministry of Health
NERCHA	National Emergency Response Council on HIV/AIDS
PCR	Polymerase Chain Reaction
PMTCT	Prevention of Mother to Child Transmission
RFM	Raleigh Fitkin Memorial
SCOE	Baylor College of Medicine-Abbott Fund Satellite Children's Clinical Centre of Excellence
TB	Tuberculosis
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## **Board of Directors**

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Prof. Gabriel Anabwani	Secretary
Dr. Velephi Okello	Ministry of Health
Mr. Freeman Dlamini	Ministry of Finance
Pastor Ken Jefferson	Community Member
Ms Makhosazana Hlatshwayo	Executive Director

## **Senior Management Team**

Ms. Makhosazana Hlatshwayo	Executive Director
Ms. Cebile Masinga	Finance & Admin
Mr. Sandile Dlamini	M&E Coordinator
Ms. Thembela Mavuso	Nurse Manager
Ms. Zodwa Gamedze	Programs Coordinator
Dr. Magnus Beneus	Medical Director
Dr. Pilar Ustero	Associate Director

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